

**PROCUREMENT JUSTIFICATION FORM (PJF)**

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OADS/IDD-MH			
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Debbie Weston			
(If applicable) Department Reference #:		ADS-24-9897A			
Amount: (Contract/Amendment/Grant)		Current:	\$298,500.00	Advantage CT / RQS #:	CT 10A 20230405000000002563
		Amend A:	\$ 41,860.00		
		Revised:	\$340,360.00		
CONTRACT	Proposed Start Date:		Proposed End Date:		
AMENDMENT	Original Start Date:	7/01/2023	Effective Date:	3/1/2024	
	Previous End Date:	12/31/2024	New End Date:	6/30/2025	
GRANT	Project Start Date:		Grant Start Date:		
	Project End Date:		Grant End Date:		
Vendor/Provider/Grantee Name, City, State:		University of New Hampshire Concord, New Hampshire			
Brief Description of Goods/Services/Grant:		National Center for START Services Training			

PART II: JUSTIFICATION FOR VENDOR SELECTION

Check the box below for the justification(s) that applies to this request. (Check all that apply.)

<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input checked="" type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

The purpose of this Agreement is to provide training for Direct Support Professionals (DSPs) and Care Coordinators facilitated by expert National Center for START Services (NCSS) staff. The training will provide DSPs and Care Coordinators with the knowledge, skills, and resources needed to provide individuals with Intellectual and Developmental Disabilities/Mental Health (IDD-MH) positive, person-centered, wellness-based supports and services to improve the day-to-day support of individuals with IDD-MH. The provided services will support the improvement of Maine's service delivery system for individuals with IDD and co-occurring behavioral and/or mental health conditions

START (Systemic, Therapeutic, Assessment, Resources, Treatment) is a research-based model of services and supports for individuals with an intellectual/developmental disability (IDD) who also have a mental health (MH) diagnosis or behavioral health needs.

The purpose of this amendment is to provide additional funds in support of the Certified Community Behavioral Health Clinic (CCBHC) implementation efforts in Maine. The CCBHC model is an integrated behavioral health model designed to serve all people regardless of diagnosis or ability to pay. A key population for the Department includes people living with IDD and behavioral health conditions, making the CCBHC model the ideal system to identify and provide care coordination. The Maine CCBHC criteria requires START trained Care Coordinators are an available resource with the outpatient setting. These funds support the enrollment of these additional staff.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

The National Center for START Service was established in 2009 at the University of New Hampshire's Institute on Disability/UCED. The National Center for START Services program staff are leaders in the field of mental health and IDD that work with state/regional agencies across the country to facilitate the implementation of START model programs and provide expert training to many professional disciplines that serve individuals with IDD-MH.

Cited as a model program in the 2002 U.S. Surgeon General's Report on mental health disparities for persons with intellectual/developmental disabilities, START is a comprehensive model of service supports that optimizes independence, treatment, and community living for individuals with IDD and behavioral health needs. In 2016, the START model was identified as best practice by the National Academy of Sciences Institute of Medicine.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

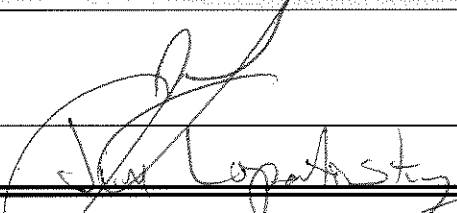
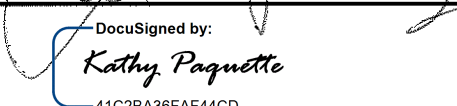
The Department determined the costs for these trainings are fair and reasonable based on the services to be provided.

4. Describe the plan for future competition for the goods or services.

UNH holds the rights to the START model which fits the educational needs of DSPs and Care Coordinators. As a unique provider the Department does not intend to RFP these services.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<i>Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.</i>	
<input checked="" type="checkbox"/> The requesting department signatory understands and acknowledges Maine’s Conflict of Interest statutes.	

PART VI: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department’s Commissioner (or designee):			Date:
Typed Name:			30-Oct-24
Signature of DAFS Procurement Official:			Date:
Typed Name:	Kathy Paquette	Date:	11/19/2024